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# Clinical Roundup

## How Do You Treat Seasonal Allergic Rhinitis in Your Practice?

### Hypnosis

Hypnosis has been reported to be helpful for patients with seasonal allergies.<sup>1</sup> It can be defined as a state of inward attention, during which the mind is focused on ideas of therapeutic value that can potentiate physiologic change.<sup>2</sup> A randomized, controlled intervention study demonstrated that hypnosis taught during two to five sessions prompted significant reduction of rhinitis symptoms and improvement in well-being.<sup>3</sup> Hypnosis may relieve rhinitis by inducing constriction of blood vessels<sup>4</sup> that reduce delivery of inflammatory mediators to the nose and/or producing a dampening effect on the allergy-associated immune response.<sup>5</sup> These physiologic effects may be related to changes in autonomic nervous-system function associated with reduction of anxiety following successful application of hypnosis.<sup>6,7</sup>

In my medical practice, hypnotic suggestions that have proven helpful for relieving rhinitis include:

- Instruct the patient to choose a color representing the nose affected by allergy (e.g., red) and a color representing a healthy state (e.g., white). While the patient is under hypnosis, ask the patient to imagine the nasal color slowly changing from abnormal to healthy, with an associated reduction in nasal symptoms.
- Ask a child to pick a character that might be plugging the nose, and offer it an opportunity to do something it would rather do. For example, one child picked a dinosaur that left the nose to eat leaves from a distant tree.
- Recommend that patients use self-hypnosis to become calmer,<sup>2</sup> and give them self-suggestions such as: "My nose can feel clearer." "My body will learn to remain calm in an environment that used to cause my runny nose." Or, "I may be surprised how much better my nose soon will be."
- Teach patients how to engage help from the subconscious.<sup>6</sup> While a patient is in hypnosis, instruct the subconscious to reduce the patient's rhinitis symptoms.

Future research is needed to define how best to balance medical therapy with hypnosis, and to identify optimal hypnotic suggestions for different individuals.

### References

1. Madrid A, Rostel G, Pennington D, Murphy D. Subjective assessment of allergy relief following group hypnosis and self-hypnosis: A preliminary study. *Am J Clin Hypn* 1995;38:80–86.
2. Anbar RD. Adding hypnosis to the therapeutic toolbox of pediatric respiratory care. *Pediatr Asthma Allerg Immunol* 2009;22:209–214.
3. Langewitz W, Isakovic J, Wyler J, et al. Effect of self-hypnosis on hay fever symptoms—a randomised controlled intervention study. *Psychother Psychosom* 2005;74:165–172.
4. Zachariae R, Oster H, Bjerring P. Effects of hypnotic suggestions on ultraviolet B radiation-induced erythema and skin blood flow. *Photoderm Photomed* 1994;10:154–160.
5. Zachariae R, Bjerring P. Increase and decrease of delayed cutaneous reactions obtained by hypnotic suggestions during sensitization. *Allergy* 1993;48:6–11.
6. Anbar RD. Subconscious guided therapy with hypnosis. *Am J Clin Hypnosis* 2008;50:323–334.
7. Hammond DC. Hypnosis in the treatment of anxiety- and stress-related disorders. *Expert Rev Neurother* 2010;10:263–273.

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### Acupuncture

Although a recent review on research on the effectiveness of acupuncture for treating allergic rhinitis showed mixed results,<sup>1</sup> acupuncture is often used in daily practice. The following brief case study demonstrates how this may be done. In Traditional Chinese Medicine (TCM), several underly-

ing mechanisms may be identified as causes of rhinitis (e.g., Spleen, Kidney, or Lung *qi* Deficiency), with each cause requiring its own treatment.

Our patient predominantly had a Spleen *qi* Deficiency, caused by overwork and overeating. He especially used foods that contribute to Dampness and Phlegm, such as greasy, spicy, fried, and cold foods and dairy products; moreover, he often drank alcohol. During each treatment, points on the Spleen and Kidney meridians were chosen for treatment, along with some local points (e.g., Li-20, *Yintang*). In addition, secondary points were chosen according to repeated tongue and pulse diagnosis. The patient was also advised to adjust his eating pattern according to *yin-yang* principles and was treated once per week for 10 weeks.

This patient was surprised to find that, after 4 weeks, he had stopped snoring. He reported that his rhinitis was cured within the 10 weeks of treatment. As a beneficial side-effect, he had started to lose weight, and was therefore more able to exercise, which increased weight loss further.

In research it is difficult to differentiate what the exact cause of his improvement in rhinitis was: the dietary advice; the acupuncture, or the patient's suddenly starting to exercise. This will be the focus of future research.

## Reference

1. Lee MS, Pittler MH, Shin BC, et al. Acupuncture for allergic rhinitis: A systematic review. *Ann Allergy Asthma Immunol* 2009;102:279–281.

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## Traditional Chinese Medicine

Seasonal allergic rhinitis is a common complaint worldwide. The Chinese have studied and treated allergies, colds and flus for at least 2 millennia as evidenced by the 1800-year old text on the common cold; the *Shan Hun Lun* (*Treatise on Colds and Fevers*) from AD 225.<sup>1</sup>

The ancient acupuncture and herbal treatment strategies practiced 2000 years ago have survived and are practiced today. Although randomized controlled trials are limited to symptom management, a literature search reveals promising results from using both acupuncture and herbal preparations in human and animal models.<sup>2–4</sup>

Traditional Chinese Medicine (TCM) is a whole medical system that uses a multidisciplinary treatment strategy designed to treat the symptoms and the underlying constitutional weakness that the symptoms arise from. TCM treatment is tailored for each individual and may include dietary changes, exercises, herbal preparations, acupuncture, and moxibustion (application of heat resulting from the burning of a small bundle of tightly bound herbs, or moxa, *Artemisia vulgaris*, to targeted acupoints).<sup>5</sup> Frequency of acupuncture treatment may be weekly for acute rhinitis or monthly for maintenance and prevention of symptom reoccurrences. Tonic herbal preparations tailored to address the underlying condition are often used for maintenance, and stronger preparations are used during acute episodes.

Few studies demonstrate how the different TCM therapies together contribute to successful outcomes.<sup>6</sup> The interrelationship of TCM therapies creates difficulties in the design of clinical-efficacy studies; however, TCM researchers need to continue conducting well-designed clinical trials to document the efficacy of TCM treatments.

## References

1. Lun SH; transl & commentaries, Zhang Z, Ye F, Wiseman N, et al. *On Cold Damage*. Boulder: Blue Poppy Press, 2000.
2. Brinkhaus B, Witt CM, Jena S. Acupuncture in patients with allergic rhinitis: A pragmatic randomized trial. *Ann Allergy Asthma Immunol* 2008; 101:535–543.
3. Kang GM, Li XM, Wang QF, Schofield B. Modulation of antigen-induced anaphylaxis in mice by a Traditional Chinese Medicine formula. *Am J Chinese Med* 2009;37:113–125.
4. Xue CC, An X, Cheung TP. Acupuncture for persistent allergic rhinitis: A randomized, sham-controlled trial. *Med J Aust* 2007;187:337–341.
5. American Cancer Society. Moxibustion. Online document at: [www.cancer.org/docroot/ETO/content/ETO\\_5\\_3X\\_Moxibustion.asp](http://www.cancer.org/docroot/ETO/content/ETO_5_3X_Moxibustion.asp) Accessed March 26, 2010.
6. Brinkhaus B, Hummelsberger J, Kohnen R. Acupuncture and Chinese herbal medicine in the treatment of patients with seasonal allergic rhinitis: A randomized-controlled clinical trial. *Allergy* 2004;59:953–960.

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## Homeopathic Remedies

Seasonal allergic rhinitis is the most prevalent immunoglobulin E (IgE)-mediated reaction to environmental allergens in industrialized countries,<sup>1</sup> where constant exposure combined with genetic vulnerability results in increased sensitivity to aeroallergens.<sup>2</sup> Many people with allergies turn to homeopathy as an alternative treatment as these patients are dissatisfied with the side-effects and often-unsatisfying results produced by conventional drugs.

Identification of the offending allergens is helpful, and avoidance of these is the most effective means of managing allergic conditions; however, this may often prove to be impossible. In these cases, modulation of the body's immune response becomes important.<sup>3</sup> Homeopathic preparations of common allergens such as house dust mite and grass has been shown to reduce symptoms and improve quality of life.<sup>4,5</sup> *Histaminum* 9cH, a potentized form of histamine, also produces significant reductions of the allergic response.<sup>6</sup>

While homeopathic remedies do offer a safe and effective treatment for seasonal allergic rhinitis,<sup>7</sup> these remedies are most effective when prescribed based on the patient's individual presenting symptomatology and etiology. There are, however, certain remedies, such as *Sabadilla officinalis*, which are considered to be specific for this condition.<sup>8</sup> In a double-blind, placebo-controlled study comparing *Sabadilla* in 30cH and 200cH potencies, a resounding 84% of participants in the 30cH group and 64% in the 200cH group had relief of hay fever symptoms within 1 hour of taking the remedy.<sup>9</sup>

In conclusion, homeopathy has an extensive array of remedies available for treating seasonal allergic rhinitis; however, individualized remedy selection facilitates better recovery and amelioration of symptoms. Further research is needed to understand the safety and efficacy profile of such treatments.

## References

1. Fujimura T, Okamoto Y. Antigen-specific immunotherapy against allergic rhinitis: The state of the art, *Allergol Int* 2010;59:21–31.
2. Frase W, Weiser M. Antihomotoxic treatment of hay fever. *Biol Ther* 1995; 13:91–96.
3. Paradox P. Gale Encyclopedia of Alternative Medicine. *Hay Fever*. Gale Group. Online document at: [www.findarticles.com/cf\\_0?g2603/0004/2603000407/pl/article.jhtml?term=%2Ballergic%Brhinitis](http://www.findarticles.com/cf_0?g2603/0004/2603000407/pl/article.jhtml?term=%2Ballergic%Brhinitis) Accessed October 2003.
4. Du Plessis JL, Razlog R, Prinsloo J. The Efficacy of the House Dust Mite 30CH in Ameliorating Symptoms of Dust Allergy Johannesburg: Technikon Witwatersrand, 2001.
5. Kim LS, Riedlinger JE, Baldwin CM, et al. Treatment of seasonal allergic rhinitis using homeopathic preparation of common allergens in the southwest region of the US: A randomized, controlled clinical trial. *Ann Pharmacother* 2005;39:736–738.
6. Vlok TA. A Study to Establish the Effect of a Homoeopathically Prepared Complex Formulation of Mixed Allergens and Histamine in the Treatment of Allergic Rhinitis. Johannesburg: Technikon Witwatersrand, 2001.
7. Goossens M, Laekeman G, Aertgeerts B, et al. Evaluation of the quality of life after individualized homeopathic treatment for seasonal allergic rhinitis: A prospective, open, non-comparative study. *Homeopathy* 2009;98:11–16.
8. Morrison R. Desktop Companion to Physical Pathology. Albany, CA: Hahnemann Clinic Publishing, 1998:51.
9. Danks MP, van Es SC, Porter L. The Efficacy of *Sabadilla officinalis* 30CH and 200CH in the Treatment of Allergic Rhinitis. Johannesburg: Technikon Witwatersrand, 2004.

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## Integrating TCM and Allopathic Approaches

One of the most powerful effector mechanisms of the immune system is the reaction initiated by immunoglobulin E (IgE)–dependent stimulation of tissue mast cells.<sup>1</sup> The concentration of histamine in tissues varies widely, with the highest concentrations being in the bronchial tree, skin, and intestinal mucosa.<sup>2</sup> Patients with allergic rhinitis develop IgE antibodies to commonly encountered airborne molecules for reasons that are poorly understood. Upon antigen activation of IgE antibodies on mast cells, histamine and a broad array of inflammatory mediators are also activated that contribute to both acute and delayed responses.<sup>3</sup>

The three considerations that most commonly guide medical interventions include: (1) reducing exposure to the allergen; (2) suppressive medications to reduce symptom severity; and (3) hyposensitization specific to a known allergen.

The most useful long-term service one can provide a patient with one or more allergies is to develop an understanding of what may have caused that patient's immune system to develop defenses to common and generally nonthreatening components of the environment. Allergy can be a heritable trait and a candidate gene has been identified. However, evaluating patients holistically by assessing the physiology and metabolism of organs and glands will often reveal directly relevant interrelationships.

In this respect, the systematic associations established as part of Traditional Chinese Medicine (TCM) can be instructive. Numerous possible symptomatic to metabolic associations with allergic rhinitis have been proposed in TCM; however, the most common one includes adrenal insufficiency (Kidney *yang* Deficiency) combined with proinflammatory tendencies associated with liver metabolism (Liver Fire)<sup>4,5</sup> This TCM-based therapeutic approach has been tested in two controlled crossover studies with strong statistical success (Udani J, Hardy M, Morrissey S, et al., unpublished research in 2007; visit [www.radixbioresearch.com/alap1](http://www.radixbioresearch.com/alap1) to find this). ■

## References

1. Abbas AK, Lichtman AH, Pober JS. Cellular and Molecular Immunology. Philadelphia: W.B. Saunders, 1994.
2. Hardman JG, Limbird LE, Molinoff PB, Ruddon RW. The Pharmacological Basis of Therapeutics, 9th ed. New York: McGraw-Hill, 1996.
3. Rubin E, Farber JL. Pathology, 2nd ed. Philadelphia: J.B. Lippincott, 1994.
4. Huo JL, Xunmei Z, Zhao X, et al. Traditional Chinese Treatment for Respiratory Diseases. Beijing: Academy Press, 1996.
5. Chen J, Chao G, Chen D, et al. Advanced Textbook on Traditional Chinese Medicine and Pharmacology, vol. II. Beijing: New World Press, 1995.

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